

FILED DEC 27 1950

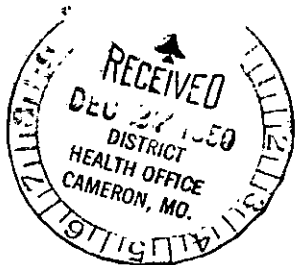
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40505

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5536		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>OREGON-RURAL</u>		c. LENGTH OF STAY (in this place) <u>53 YEARS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>OREGON-RURAL</u>		<u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) <u>ELEANOR</u>		c. (Last) <u>MARKT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER-18 1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 19, 1871</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ATCHISON, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANDREW JACKSON SUTTON</u>		13b. MOTHER'S MAIDEN NAME <u>RACHAEL SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MARKT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS MARY MARKT</u>		ADDRESS <u>OREGON, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>156A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>49</u> , to <u>Dec</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 18</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. F. Kearney M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>OREGON MO</u>		23c. DATE SIGNED <u>12-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>OREGON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12750-38</u>		REGISTRAR'S SIGNATURE <u>1220</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>		ADDRESS <u>Oregon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James H. Pettijohn

Licensed Embalmer No. *3192*

P. O. Address *Oregon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.